REGISTRATION AFFIDAVIT

B-301 REV. 6-2001

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

BRANCH OPERATIONS DIVISION
On The Web At http://dmvct.org

MARKER PLATE NUMBER	VEHICLE YEAR	MAKE	MODEL		1	
APPLICANT'S NAME (Last, First, Middle Initial)			SEX	DATE OF BIRTH	1	
ADDRESS (Number and Street)					◆ VALIDATE ABOVE ◆	
(City)	(State)		(Zip Code)		TOWN WHERE VEHICLE WILL BE TAXED AS PERSONAL PROPERTY	
The undersigned cert and will be maintained					ce required by Connecticut Law is in effec	
X			, NA	NAME OF AUTOMOBILE INSURANCE COMPANY (Not Agency)		
CO-OWNER'S SIGNATURE			AU	AUTOMOBILE INSURANCE POLICY NUMBER		
X						